



Club Membership Request Form

Club Name: _____

Team Mascot: _____ Team Colors: _____

Park Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

Club President:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

SFYFL Club Representative:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

Alt. Representative:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

SFYFLC Representative:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

New Club Sponsor Information (If Applicable)

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____ **Email Address** _____

** It is the club's responsibility to give any/all changes in information to league secretary as it applies though-out the season**